



Franchise Return for Financial Institutions

Name: _____

Period Ending (mm/yy) _____ / _____ ▲

Address: _____

FEIN: _____ ▲

Check if short period: ☐

Contact Person _____

Phone Number (____) _____

Filing Status:

Separate Iowa/Federal Corporation ☐Separate Iowa/Consolidated Federal ☐Separate Iowa/Separate Federal ☐

Name of consolidated parent: _____

Parent's FEIN _____

If this is a first or final return, check the appropriate box:

First return ☐Successor ☐Final return ☐Merged ☐New business ☐Entering Iowa ☐Reorganized ☐Dissolved ☐Type of return: 100% Iowa ☐ Not 100% Iowa ☐ No Iowa banking locations ☐ Inactive bank ☐Please check the appropriate box: Pay return ☐ No pay return ☐ Amended pay ☐ Amended no pay ☐

Was federal income or federal tax changed for any prior period(s)?

No ☐ Yes ☐ Periods changed: _____ Reason: Federal audit ☐ 1120X ☐ 1139 ☐

1. Net Income from Federal Return before Net Operating Loss	1.	_____	.00 ▲
2. Interest and Dividends exempt from Federal Income Tax	2.	_____	.00 ▲
3. Iowa Franchise tax expensed on Federal Return	3.	_____	.00 ▲
4. Other Additions from Schedule A	4.	_____	.00 ▲
5. Total Iowa Income. Add lines 1 through 4	5.	_____	.00
6. Other Reductions from Schedule D	6.	_____	.00
7. Income Subject To Apportionment. Subtract line 6 from line 5	7.	_____	.00
8. Iowa Percentage from IA Schedule 59F, line 19	8.	_____	%
9. Deduction for Apportioned Income from IA Schedule 59F, line 22	9.	_____	.00
10. Iowa Net Operating Loss from IA1120 Schedule F	10.	_____	.00
11. Total Reductions. Add lines 6, 9, and 10	11.	_____	.00 ▲
12. Iowa Net Income subject to franchise tax. Subtract line 11 from line 5	12.	_____	.00 ▲
13. Computed Tax. Multiply line 12 by 5% (.05)	13.	_____	.00
14. Iowa Alternative Minimum Tax from IA 4626F	14.	_____	.00 ▲
15. Total Tax. Add lines 13 and 14	15.	_____	.00
16. Credits. Include IA 148	16.	_____	.00 ▲
17. Payments from Schedule C, line 8	17.	_____	.00
18. Total Credits and Payments. Add lines 16 and 17	18.	_____	.00
19. Net Amount. Subtract line 18 from line 15	19.	_____	.00 ▲
20. Penalty for underpayment of estimated tax: Include IA 2220	20.	_____	.00
21. Penalty for failure to pay or failure to file	21.	_____	.00
22. Total Penalties. Add lines 20 and 21	22.	_____	.00 ▲
23. Interest	23.	_____	.00 ▲
24. Total Due. If line 15 is more than line 18, add lines 19, 22, and 23. Make check payable to "Treasurer, State of Iowa" and submit payment with the franchise tax payment voucher	24.	_____	.00 ▲
25. Net Overpayment. If line 15 is less than line 18, subtract line 20 from line 19	25.	_____	.00
26. Credit to Next Period's Estimated Tax	26.	_____	.00 ▲
27. Refund Requested. Subtract line 26 from line 25	27.	_____	.00

A complete copy of your federal return, as filed with the Internal Revenue Service, must be filed with this return.

Under penalties of perjury, I declare that I have examined this return and included schedules/statements, believe it to be true, correct, and complete.

Officer's Signature: _____ Date: _____ Title: _____ Phone: _____

Preparer's Signature: _____ Date: _____ ID No: _____ Phone: _____

Name of Financial Institution: _____

FEIN: _____

Round to nearest whole dollar.

Schedule A

Schedule D

1. Cash to Accrual Adjustments		
2. Expenses to Carry Tax Exempt sections 291 and 265.....		
3. Expense to Carry Investment Subsidiary		
4. Contribution Adjustments		
5. Capital Loss Adjustments		
6. Iowa Franchise Tax Refund Reported on Federal Return		
7. Depreciation Adjustment from IA 4562A. Submit Schedules IA 4562A and IA 4562B		
8. Other:		
9. Totals		

Enter Totals On:

Line 4, IA 1120F

Line 6, IA 1120F

2015 IA 1120F Schedule C - Payments

Current Period's Estimated Tax Payments

Amount

Date of Payment

1. Prior Period's Overpayment Credited to Current Period		
2. First Installment:		
3. Second Installment:		
4. Third Installment:		
5. Fourth Installment:		
6. Voucher Payments		
7. Other Payments		
8. Total Payments. Add lines 1 through 7. Enter on line 17.		

Additional Information

1. Short period information: Period ____/____/____ to ____/____/____

Reason for short period: _____

2. Year business was started in Iowa: _____

3. Information from the prior return:

Financial Institution Name: _____

FEIN: _____ Net Income: _____

4. Accounting method: Cash ☐ Accrual ☐ Year Accrual method began: _____**Mail your return to:**

Franchise Tax Processing
Iowa Department of Revenue
PO Box 10413
Des Moines IA 50306-0413

Questions?

Contact Taxpayer Services
idr@iowa.gov
515-281-3114 or 800-367-3388